In re Application of: SCOTT A., CAMP Application No. 10/802,281 Filed: March 17, 2004

For:

IMPROVED ROTARY SHOOTING TARGET

Mail Stop AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir.

Transmitted herewith is a response to an office action in the subject application.

☐ Small entity status is claimed for this application under 37 CFR 1.27.

🗵 Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

○ Other: A return postcard.

El Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

	_				SMALL	ENTITY	OTHER THAN A SMALL ENTITY \$ 0.00		
TIME EXTENSION PETITION FEE		-	two-month		\$22	5.00			
	subtract time extension fee previously paid		none		(\$ 0.00)		(\$ 0.00)		
CLAIM FEE	Claims Remaining After Amendment		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	15	Minus	20	=	x 25=	\$	x 50=	\$	
INDEPENDENT	3	Minus	3	=	x 100=	\$	x 200=	\$	
FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180=	\$	+ 360=	\$	
TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT					TOTAL	\$225.00	TOTAL	\$	

- The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
  - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
  - Any patent application processing fees under 37 CFR 1.17.

Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)

Amendment or ROA Transmittal (Revised 2/17/05)

Respectfully submitted

LEYDIG, YOIT & MAYER, LTD.

Bennis R. Schlemmer, Reg. No. 24,703

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTTY	OF.	OTHER SMALL	
TOTAL CLAIMS .			14 :				RATE		FEE	]	RATE	FEE
FOR .			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FE	£ 385.00	oя	Basic Fee	770.00
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MULTIPLE DEPENDENT CLAIM PRESENT						-145=	1	OR	-290=			
" If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	286	OR	TOTAL	
CLAIMS AS AMENDED - PART II							SMAI I	ENTITY	OR	OTHER SMALL		
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4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	OR	+290=	-
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AMENOMENT C		CLAIMS -REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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-	If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  If the "Highest Number Provincity Paid For" IN THIS SPACE is less than 20, enter "20."  AD							YOYA COIT. FEE		OR	TOTAL ADDIT, FEE	
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the feighest number tound in the appropriate box in column 1.												